

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition		
Name of Debtor (if individual, enter Last, First, Middle): Moses, Ray A				Name of Joint Debtor (Spouse) (Last, First, Middle): Moses, Rosie					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7687				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 1350					
Street Address of Debtor (No. & Street, City, State & Zip Code): 305 N Pine Ave Chicago, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 305 N Pine Ave Chicago, IL					
ZIPCODE 60644-2310				ZIPCODE 60644-2310					
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business: Cook					
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):					
ZIPCODE				ZIPCODE					
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY		
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000									
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Moses, Ray A & Moses, Rosie	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Nicolette Robovsky 1/05/09 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Moses, Ray A & Moses, Rosie

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Ray A Moses

Signature of Debtor

Ray A Moses

X /s/ Rosie Moses

Signature of Joint Debtor

Rosie Moses

Telephone Number (If not represented by attorney)

January 5, 2009

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Nicolette Robovsky

Signature of Attorney for Debtor(s)

**Nicolette Robovsky 6278336
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524**

January 5, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Moses, Ray A & Moses, Rosie

Printed Name(s) of Debtor(s)

X /s/ Ray A Moses

Signature of Debtor

1/05/2009

Date

Case No. (if known) _____

X /s/ Rosie Moses

Signature of Joint Debtor (if any)

1/05/2009

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit w/ Landlord - \$ - No value to the Debtor		0.00
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		3,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles		200.00
6. Wearing apparel.		Used Clothing		250.00
7. Furs and jewelry.		Misc Costume Jewelry/ watches		200.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life through Primerica - no cash value		0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) with current employer - 100% Exempt	W	10,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Moses, Ray A & Moses, Rosie

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		potential 2008 tax refund	J	2,500.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1999 Cadillac Deville	J	2,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				18,700.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
 (Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	735 ILCS 5 §12-1001(b)	3,000.00	3,000.00
Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles	735 ILCS 5 §12-1001(a)	200.00	200.00
Used Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
Misc Costume Jewelry/ watches	735 ILCS 5 §12-1001(b)	200.00	200.00
401(k) with current employer - 100% Exempt	735 ILCS 5 §12-1006(a)	10,000.00	10,000.00
potential 2008 tax refund	735 ILCS 5 §12-1001(b)	2,500.00	2,500.00
1999 Cadillac Deville	735 ILCS 5 §12-1001(c)	2,500.00	2,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5463127 Credit Acceptance PO Box 513 Southfield, MI 48037-0513	H	Installment account opened 10/07. PMSI in 1999 Cadillac Deville.				10,677.00	8,177.00
		VALUE \$ 2,500.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 10,677.00	\$ 8,177.00
Total (Use only on last page)						\$ 10,677.00	\$ 8,177.00

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 544823 Amer Coll Co 919 Estes Ct Schaumburg, IL 60193-4427	H					359.00
ACCOUNT NO. Peoples Energy 130 E Randolph St Chicago, IL 60601-6207		Assignee or other notification for: Amer Coll Co				
ACCOUNT NO. Americash Loan 1117 S 1st Ave Maywood, IL 60153-2311	J	loan				500.00
ACCOUNT NO. Americash Loan 880 Lee St Ste 302 Des Plaines, IL 60016-6487		Assignee or other notification for: Americash Loan				
Subtotal (Total of this page)						\$ 859.00
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

10 continuation sheets attached

IN RE Moses, Ray A & Moses, Rosie

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 35219160 Asset Acceptance Llc PO Box 2036 Warren, MI 48090-2036	W	Open account opened 10/07				25.00
ACCOUNT NO. First Cash Advance 1916 E 95th St Chicago, IL 60617		Assignee or other notification for: Asset Acceptance Llc				
ACCOUNT NO. 105110882 Austn Bk Chg 5645 W Lake St Chicago, IL 60644-1956	W	Creditline account opened 7/01				3,000.00
ACCOUNT NO. 5291151806191284 Capital One PO Box 85015 Richmond, VA 23285-5015	J	Revolving credit card charges incurred over the past several years.				100.00
ACCOUNT NO. 8672144 Cba 25954 Eden Landing Rd Hayward, CA 94545-3899	H					653.00
ACCOUNT NO. Sbc 225 W Randolph St Chicago, IL 60606-1838		Assignee or other notification for: Cba				
ACCOUNT NO. Certegy Payment Recovery Services 11601 Roosevelt Blvd N Saint Petersburg, FL 33716-2202	J	nsf check				150.00

Sheet no. 1 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,928.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Moses, Ray A & Moses, Rosie

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Christ Hospital Attn Patient Accts 4440 W 95th St Oak Lawn, IL 60453-2600	J	Medical or Dental Bill				400.00
ACCOUNT NO. City Of Chicago Bureau Of Parking 333 S State St Ste 540 Chicago, IL 60604-3992	J	tickets				1,000.00
ACCOUNT NO. Arnold Scott Harris, PC 600 W Jackson Blvd Ste 720 Chicago, IL 60661-5683		Assignee or other notification for: City Of Chicago Bureau Of Parking				
ACCOUNT NO. Linebarger, Goggan, Blair, & Sampson LLP Attorneys At Law PO Box 6152 Chicago, IL 60606-0152		Assignee or other notification for: City Of Chicago Bureau Of Parking				
ACCOUNT NO. 08016935392 Credit Collection Services 2 Wells Ave Dept 9135 Newton, MA 02459-3208	J	nsf check				30.00
ACCOUNT NO. Check Processing Center PO Box 55126 Boston, MA 02205-5126		Assignee or other notification for: Credit Collection Services				
ACCOUNT NO. Cross Country Bank Po Box	J					0.00

Sheet no. 2 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,430.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Moses, Ray A & Moses, Rosie

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4227093726056099 Cross Country Bank PO Box 310731 Boca Raton, FL 33431-0731	J	Revolving credit card charges incurred over the past several years.				200.00
ACCOUNT NO. Direct TV Bankruptcy Claims PO Box 6550 Greenwood Village, CO 80155-6550	J	Utility or Cellular Service				150.00
ACCOUNT NO. 1st National Collection Bureau 610 Waltham Way McCarran, NV 89434-6695		Assignee or other notification for: Direct TV				
ACCOUNT NO. Evans	J					0.00
ACCOUNT NO. Evans West Landlord/ Owner Of 6940 S Green St Chicago, IL 60621-1722	J	back rent				1,700.00
ACCOUNT NO. 91000042019 Gateway Computer Finance PO Box 96073 Charlotte, NC 28296-0073	J	loan				1,615.00
ACCOUNT NO. Great Lakes Financial 322 S Green St Chicago, IL 60607-3555	J	Collections				154.00

Sheet no. 3 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,819.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Moses, Ray A & Moses, Rosie

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 358828 Hollywood Casino C/O JBC & Assoc 2 Broad St 6th Fl Bloomfield, NJ 07003-2547	J	Collections				2,050.00
ACCOUNT NO. 63805559 Hollywood Casino C/O Equifax PO Box 30272 Tampa, FL 33630-3272	J	Collections				325.00
ACCOUNT NO. 8659084 Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220	W	Open account opened 1/06				139.00
ACCOUNT NO. Loyola University Physician Foundation 2 Westbrook Corporate Ctr Ste 600 Westchester, IL 60154-5716		Assignee or other notification for: Illinois Collection Se				
ACCOUNT NO. 8659083 Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220	W	Open account opened 1/06				63.00
ACCOUNT NO. Loyola University Physician Foundation 2 Westbrook Corporate Ctr Ste 600 Westchester, IL 60154-5716		Assignee or other notification for: Illinois Collection Se				
ACCOUNT NO. 8659085 Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220	W	Open account opened 1/06				58.00

Sheet no. 4 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,635.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Moses, Ray A & Moses, Rosie

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Loyola University Medical Center 2160 S 1st Ave Maywood, IL 60153-3328		Assignee or other notification for: Illinois Collection Se				
ACCOUNT NO. 63805559 Insurence Med C/O NCO Financial 507 Prudential Rd Horsham, PA 19044-2308	J	Collections				225.00
ACCOUNT NO. lq Tel Ez Phone Service 3221 Burr Oak Ave Blue Island, IL 60406-1829	J	Utility or Cellular Service				93.00
ACCOUNT NO. 17185337389 Island National Group 6851 Jericho Tpke Syosset, NY 11791-4494	J	Collections				484.00
ACCOUNT NO. Little Company Of Mary Hospital 2800 W 95th St Evergreen Park, IL 60805-2701	J	Medical or Dental Bill				300.00
ACCOUNT NO. Mark's Motors 4357 W North Ave Chicago, IL 60639-4854	J	loan				500.00
ACCOUNT NO. A003805, 05M1146371 Merch Accept 6073 W 44th Ave Ste 309 Wheat Ridge, CO 80033-4074	J	Judgment from Installment account opened 1/95				2,411.00

Sheet no. 5 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **4,013.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE Moses, Ray A & Moses, Rosie

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Matek & Mazar, Llc 77 W Washington St Ste 1313 Chicago, IL 60602-3236		Assignee or other notification for: Merch Accept				
ACCOUNT NO. 8518860312 Midland Credit Mgmt 8875 Aero Dr San Diego, CA 92123-2251	H	Open account opened 7/06				488.00
ACCOUNT NO. Mci Corporate Office 22001 Loudoun County Pkwy Ashburn, VA 20147-6105		Assignee or other notification for: Midland Credit Mgmt				
ACCOUNT NO. 5894400 Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4511	W	Open account opened 3/05				177.00
ACCOUNT NO. Rush University Medical Center 1700 W Van Buren St Ste 161 Tob Chicago, IL 60612-3244		Assignee or other notification for: Mrsi				
ACCOUNT NO. 10706051844 Nationwide Credit And Co 9919 W Roosevelt Rd Westchester, IL 60154-2774	W	Open account opened 2/05				218.00
ACCOUNT NO. Mt Sinai Hospital 2750 W 15th St Chicago, IL 60608-1610		Assignee or other notification for: Nationwide Credit And Co				

Sheet no. 6 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **883.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE Moses, Ray A & Moses, Rosie

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 10738002089 Nationwide Credit And Co 9919 W Roosevelt Rd Westchester, IL 60154-2774	W	Open account opened 3/06				96.00
ACCOUNT NO. Mt. Sinai Hospital Med Center Calif Ave At 15th Chicago, IL 60608		Assignee or other notification for: Nationwide Credit And Co				
ACCOUNT NO. 10706051073 Nationwide Credit And Co 9919 W Roosevelt Rd Westchester, IL 60154-2774	W	Open account opened 2/05				60.00
ACCOUNT NO. Mt Sinai Hospital 2750 W 15th St Chicago, IL 60608-1610		Assignee or other notification for: Nationwide Credit And Co				
ACCOUNT NO. 680925258 Nco Fin /99 PO Box 41466 Philadelphia, PA 19101-1466	H	Open account opened 10/06				960.00
ACCOUNT NO. Com Ed Revenue Management 2100 Swift Dr Oak Brook, IL 60523-1559		Assignee or other notification for: Nco Fin /99				
ACCOUNT NO. 680942390 Nco Fin /99 PO Box 41466 Philadelphia, PA 19101-1466	H					555.00

Sheet no. 7 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,671.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Moses, Ray A & Moses, Rosie

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Sprint Nextel 2001 Edmund Halley Dr Reston, VA 20191-3436		Assignee or other notification for: Nco Fin /99				
ACCOUNT NO. Sprint PCS PO Box 219554 Kansas City, MO 64121-9554		Assignee or other notification for: Nco Fin /99				
ACCOUNT NO. 2711946 Nco Fin/55 PO Box 13570 Philadelphia, PA 19101-3570	W	Open account opened 5/07				177.00
ACCOUNT NO. Rush University Medical Center 75 Remittance Dr Dept 1611 Chicago, IL 60675-1611		Assignee or other notification for: Nco Fin/55				
ACCOUNT NO. 4927268 Nco Fin/55 PO Box 13570 Philadelphia, PA 19101-3570	W	Open account opened 10/07				75.00
ACCOUNT NO. Rush University Medical Center 1700 W Van Buren St Ste 161 Tob Chicago, IL 60612-3244		Assignee or other notification for: Nco Fin/55				
ACCOUNT NO. 91028346 Nco Fin/55 PO Box 13570 Philadelphia, PA 19101-3570	W	Open account opened 11/05				75.00

Sheet no. 8 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **327.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Moses, Ray A & Moses, Rosie

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Rush University Medical Center 1700 W Van Buren St Ste 161 Tob Chicago, IL 60612-3244		Assignee or other notification for: Nco Fin/55				
ACCOUNT NO. Norwegian American Hospital 1044 N Francisco Ave Chicago, IL 60622-2743	J	Medical or Dental Bill				10,500.00
ACCOUNT NO. 3290680000978808 Park Dansan 113 W 3rd Ave Gastonia, NC 28052-4320	H	Open account opened 1/08				554.00
ACCOUNT NO. Debt Recovery Solution 900 Merchants Concourse Westbury, NY 11590-5142		Assignee or other notification for: Park Dansan				
ACCOUNT NO. 1640884 Security Link PO Box 9001076 Louisville, KY 40290-1076	J	Utility or Cellular Service				66.00
ACCOUNT NO. 403624000090 Sst/columbus Bank And Trus PO Box 84024 Columbus, GA 31908-4024	W	Revolving account opened 9/00				675.00
ACCOUNT NO. TRS PO Box 3777 Saint Joseph, MO 64503-0777	J	Collections				875.00

Sheet no. 9 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **12,670.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Moses, Ray A & Moses, Rosie

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Us Bank PO Box 5229 Cincinnati, OH 45201-5229	J	bank fees				200.00
ACCOUNT NO. Chex Systems 7805 Hudson Rd Ste 100 Saint Paul, MN 55125-1595		Assignee or other notification for: Us Bank				
ACCOUNT NO. Telecheck 5251 Westheimer Rd Houston, TX 77056-5412		Assignee or other notification for: Us Bank				
ACCOUNT NO. 4361-4515-0056-5296 Washington Mutual/ Providian PO Box 10467 Greenville, SC 29603-0467	J	Revolving credit card charges incurred over the past several years.				100.00
ACCOUNT NO. 6836600 Wffinancial 2501 Seaport Dr Ste BH30 Chester, PA 19013-2249	H	Installment account opened 10/03				13,794.00
ACCOUNT NO. Osi Collection Services 1375 E Woodfield Rd Ste 110 Schaumburg, IL 60173-5447		Assignee or other notification for: Wffinancial				
ACCOUNT NO. 5582510 Wffinancial 2501 Seaport Dr Ste BH30 Chester, PA 19013-2249	W	Installment account opened 5/03				12,315.00

Sheet no. 10 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **26,409.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$ **58,644.00**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Dependent	AGE(S): 16
EMPLOYMENT: DEBTOR		SPOUSE
Occupation See Schedule Attached		Personal Banker
Name of Employer		Austin Bank
How long employed		37 years
Address of Employer		Chicago, IL

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 200.00	\$ 3,017.67
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ 200.00	\$ 3,017.67
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ _____	\$ 510.21
b. Insurance	\$ _____	\$ 376.93
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	\$ 887.14
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 200.00	\$ 2,130.53
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 200.00	\$ 2,130.53
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 2,330.53	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE Moses, Ray A & Moses, Rosie

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

EMPLOYMENT:	DEBTOR	SPOUSE
Occupation		
Name of Employer	Not Working	
How long employed	1 years	
Address of Employer		
Occupation	Odd Jobs	
Name of Employer	Various	
How long employed		
Address of Employer		

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 850.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 230.00
b. Water and sewer	\$
c. Telephone	\$
d. Other <u>Cell Phone</u>	\$ 135.00
<u>Phone, Internet, And Cable</u>	\$ 162.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 450.00
5. Clothing	\$ 50.00
6. Laundry and dry cleaning	\$ 20.00
7. Medical and dental expenses	\$ 60.00
8. Transportation (not including car payments)	\$ 225.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$ 167.00
c. Health	\$
d. Auto	\$
e. Other _____	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other _____	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other <u>Pet Care</u>	\$ 25.00
_____	\$
_____	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 2,374.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2,330.53
b. Average monthly expenses from Line 18 above	\$ 2,374.00
c. Monthly net income (a. minus b.)	\$ -43.47

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 25 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: January 5, 2009 Signature: /s/ Ray A Moses
Ray A Moses Debtor

Date: January 5, 2009 Signature: /s/ Rosie Moses
Rosie Moses (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.) _____
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Moses, Ray A & Moses, Rosie

Debtor(s)

Case No. _____

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
27,000.00	2006 Income from employment (husband)
27,000.00	2007 Income from employment (husband)
200.00	2008 Income from employment (monthly) (husband)

Husband stopped working full-time Jan 2008

31,000.00	2006 Income from employment (wife)
30,367.00	2007 Income from employment (wife)
3,000.00	2008 Income from employment (monthly) (wife)

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Americash Loan 1117 S 1st Ave Maywood, IL 60153-2311	Last 3 months	835.00	500.00

- None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Merchants Acceptance vs Rosie Moses and Ray Moses; 05M1146371	Collections	Cook County Circuit Court	Judgment entered. Wage garnishment pending.

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	12/02/2008	351.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
6940 S. Green, Chicago, IL 60621		
8038 S. Prairie, Chicago, IL 60619		

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: January 5, 2009 Signature /s/ Ray A Moses
of Debtor **Ray A Moses**

Date: January 5, 2009 Signature /s/ Rosie Moses
of Joint Debtor **Rosie Moses**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Moses, Ray A & Moses, Rosie

Chapter **7**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 18,700.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 10,677.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		\$ 58,644.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 2,330.53
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,374.00
TOTAL		23	\$ 18,700.00	\$ 69,321.00	

IN RE:

Case No. _____

Moses, Ray A & Moses, Rosie

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 2,330.53
Average Expenses (from Schedule J, Line 18)	\$ 2,374.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 3,217.67

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 8,177.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 58,644.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 66,821.00

IN RE:

Moses, Ray A

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Ray A Moses

Date: January 5, 2009

IN RE:

Moses, Rosie

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Rosie Moses

Date: January 5, 2009

IN RE:

Moses, Ray A & Moses, Rosie

Debtor(s)

Case No. _____

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Credit Acceptance	Describe Property Securing Debt: 1999 Cadillac Deville
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	
Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

____ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: January 5, 2009

/s/ Ray A Moses

Signature of Debtor

/s/ Rosie Moses

Signature of Joint Debtor

IN RE:

Case No. _____

Moses, Ray A & Moses, Rosie

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 61

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: January 5, 2009

/s/ Ray A Moses

Debtor

/s/ Rosie Moses

Joint Debtor

Moses, Ray A
305 N Pine Ave
Chicago, IL 60644-2310

Capital One
PO Box 85015
Richmond, VA 23285-5015

Cross Country Bank
PO Box 310731
Boca Raton, FL 33431-0731

Moses, Rosie
305 N Pine Ave
Chicago, IL 60644-2310

Cba
25954 Eden Landing Rd
Hayward, CA 94545-3899

Debt Recovery Solution
900 Merchants Concourse
Westbury, NY 11590-5142

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Certegy Payment Recovery Services
11601 Roosevelt Blvd N
Saint Petersburg, FL 33716-2202

Direct TV
Bankruptcy Claims
PO Box 6550
Greenwood Village, CO 80155-6550

1st National Collection Bureau
610 Waltham Way
McCarran, NV 89434-6695

Check Processing Center
PO Box 55126
Boston, MA 02205-5126

Evans West
Landlord/ Owner Of
6940 S Green St
Chicago, IL 60621-1722

Amer Coll Co
919 Estes Ct
Schaumburg, IL 60193-4427

Chex Systems
7805 Hudson Rd Ste 100
Saint Paul, MN 55125-1595

First Cash Advance
1916 E 95th St
Chicago, IL 60617

Americash Loan
1117 S 1st Ave
Maywood, IL 60153-2311

Christ Hospital
Attn Patient Accts
4440 W 95th St
Oak Lawn, IL 60453-2600

Gateway Computer Finance
PO Box 96073
Charlotte, NC 28296-0073

Americash Loan
880 Lee St Ste 302
Des Plaines, IL 60016-6487

City Of Chicago Bureau Of Parking
333 S State St Ste 540
Chicago, IL 60604-3992

Great Lakes Financial
322 S Green St
Chicago, IL 60607-3555

Arnold Scott Harris, PC
600 W Jackson Blvd Ste 720
Chicago, IL 60661-5683

Com Ed
Revenue Management
2100 Swift Dr
Oak Brook, IL 60523-1559

Hollywood Casino
C/O JBC & Assoc
2 Broad St 6th Fl
Bloomfield, NJ 07003-2547

Asset Acceptance Llc
PO Box 2036
Warren, MI 48090-2036

Credit Acceptance
PO Box 513
Southfield, MI 48037-0513

Hollywood Casino
C/O Equifax
PO Box 30272
Tampa, FL 33630-3272

Austn Bk Chg
5645 W Lake St
Chicago, IL 60644-1956

Credit Collection Services
2 Wells Ave Dept 9135
Newton, MA 02459-3208

Illinois Collection Se
8231 185th St Ste 100
Tinley Park, IL 60477-9220

Insurence Med
C/O NCO Financial
507 Prudential Rd
Horsham, PA 19044-2308

Merch Accept
6073 W 44th Ave Ste 309
Wheat Ridge, CO 80033-4074

Park Dansan
113 W 3rd Ave
Gastonia, NC 28052-4320

Iq Tel
Ez Phone Service
3221 Burr Oak Ave
Blue Island, IL 60406-1829

Midland Credit Mgmt
8875 Aero Dr
San Diego, CA 92123-2251

Peoples Energy
130 E Randolph St
Chicago, IL 60601-6207

Island National Group
6851 Jericho Tpke
Syosset, NY 11791-4494

Mrsi
2250 E Devon Ave Ste 352
Des Plaines, IL 60018-4511

Rush University Medical Center
1700 W Van Buren St
Ste 161 Tob
Chicago, IL 60612-3244

Linebarger, Goggan, Blair, & Sampson LLP
Attorneys At Law
PO Box 6152
Chicago, IL 60606-0152

Mt Sinai Hospital
2750 W 15th St
Chicago, IL 60608-1610

Rush University Medical Center
75 Remittance Dr Dept 1611
Chicago, IL 60675-1611

Little Company Of Mary Hospital
2800 W 95th St
Evergreen Park, IL 60805-2701

Mt. Sinai Hospital Med Center
Calif Ave At 15th
Chicago, IL 60608

Sbc
225 W Randolph St
Chicago, IL 60606-1838

Loyola University Medical Center
2160 S 1st Ave
Maywood, IL 60153-3328

Nationwide Credit And Co
9919 W Roosevelt Rd
Westchester, IL 60154-2774

Security Link
PO Box 9001076
Louisville, KY 40290-1076

Loyola University Physician Foundation
2 Westbrook Corporate Ctr Ste 600
Westchester, IL 60154-5716

Nco Fin /99
PO Box 41466
Philadelphia, PA 19101-1466

Sprint Nextel
2001 Edmund Halley Dr
Reston, VA 20191-3436

Mark's Motors
4357 W North Ave
Chicago, IL 60639-4854

Nco Fin/55
PO Box 13570
Philadelphia, PA 19101-3570

Sprint PCS
PO Box 219554
Kansas City, MO 64121-9554

Matek & Mazar, Llc
77 W Washington St Ste 1313
Chicago, IL 60602-3236

Norwegian American Hospital
1044 N Francisco Ave
Chicago, IL 60622-2743

Sst/columbus Bank And Trus
PO Box 84024
Columbus, GA 31908-4024

Mci
Corporate Office
22001 Loudoun County Pkwy
Ashburn, VA 20147-6105

Osi Collection Services
1375 E Woodfield Rd Ste 110
Schaumburg, IL 60173-5447

Telecheck
5251 Westheimer Rd
Houston, TX 77056-5412

TRS
PO Box 3777
Saint Joseph, MO 64503-0777

Us Bank
PO Box 5229
Cincinnati, OH 45201-5229

Washington Mutual/ Provident
PO Box 10467
Greenville, SC 29603-0467

Wffinancial
2501 Seaport Dr Ste BH30
Chester, PA 19013-2249

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Case No. _____

Moses, Ray A & Moses, Rosie

Chapter **7**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **676.00**

Prior to the filing of this statement I have received \$ **351.00**

Balance Due \$ **325.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Litigation / Adversary Proceedings
\$400.00 for Motions to Redeem
Credit Counseling Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 5, 2009

Date

/s/ Nicolette Robovsky

Nicolette Robovsky 6278336
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In Re:)
Ray A Moses) Case No.
Rosie Moses)
Debtor(s).) Chapter 13
Judge)

DECLARATION CONCERNING INCOME

1. Debtor, Ray Moses, has not worked full-time since January 2008. He does some part-time work doing odd jobs and earns approximately \$200 per month. He does not receive paycheck stubs from those jobs.
2. Thus, Debtor does not have pay advices/ check stubs for the 60 days prior to the filing of the case or proof of income for the six months prior to filing.
3. Additional Comments:

Ray Anthony Moses
Debtor's Signature

Date: 12-9-08

Joint Debtor's Signature

Date: _____

Label (See instructions) **Use the IRS label.** Otherwise, please print or type

Name Spouse's Name (if Joint Return) **Home Address** City, State, and ZIP Code

RAY MOSES

305 N PINE
CHICAGO IL 60644-

Your social security number
359-50-7687

Spouse's social security no.

OMB No 1545-0074

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☒ **Single** ☐ **Married filing jointly** (even if only one had income) ☐ **Married filing separately** Enter spouse's SSN above and full name here ☐ **Head of household** (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ☐ **Qualifying widow(er) with dependent child** (see instructions)

Filing Status Check only one box

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☐ Spouse

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input type="checkbox"/> If qualifying child for credit (see instr.)	Boxes checked on 6a and 6b
					No. of children on 6c who:
					• lived with you
					• did not live with you due to divorce or separation (see instr.)
					Dependents on 6c not entered above

d Total number of exemptions claimed **7** Wages, salaries, tips, etc. Attach Form(s) W-2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

8a	Taxable interest. Attach Schedule B if required	7
8b	Tax-exempt interest. Do not include on line 8a	8a
9a	Ordinary dividends. Attach Schedule B if required	9a
9b	Qualified dividends (see instructions)	9b
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10
11	Alimony received	11
12	Business income or (loss). Attach Schedule C or C-EZ	12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
14	Other gains or (losses). Attach Form 4797	14
15a	IRA distributions	15a
15b	Taxable amount (see instr.)	15b
16a	Pensions and annuities	16a
16b	Taxable amount (see instr.)	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17
18	Farm income or (loss). Attach Schedule F	18
19	Unemployment compensation	19
20a	Social security benefits	20a
20b	Taxable amount (see instr.)	20b
21	Other income. List type and amount (see instr.)	21
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22
23	Educator expenses (see instructions)	23
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	One-half of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction (see instr.)	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid. b Recipient's SSN	31a
31b	IRA deduction (see instructions)	31b
32	Student loan interest deduction (see instructions)	32
33	Tuition and fees deduction. Attach Form 8917	33
34	Domestic production activities deduction. Attach Form 8903	34
35	Add lines 23 through 31a and 32 through 35	35
36	Subtract line 36 from line 22. This is your adjusted gross income	36
37		37

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2007)

RAY MOSES

Document

Page 46 of 60

359-50-7687

Page 2

Tax and Credits**Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent. see instr.

• All others: Single or Married filing separately. \$5,350

Married filing jointly or Qualifying widow(er). \$7,850

Head of household. \$7,850

38	Amount from line 37 (adjusted gross income)	38	
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1943. <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a	39	34
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,350.
41	Subtract line 40 from line 38	41	(5,316.)
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet in the instructions	42	3,400.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instr.) Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 972 c <input type="checkbox"/> Form(s) 8889	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Credit for child and dependent care exp. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see instr.) Attach Form 8801 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8336 b <input type="checkbox"/> Form 8869 c <input type="checkbox"/> Form 8339	54	
55	Other credits. a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	

Payments

If you have a qualifying child, attach Schedule EIC

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2007 estimated tax pymts and amt applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	NO
b	Non-taxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instr.)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instr.)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8886	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	Yes. Complete the following: <input checked="" type="checkbox"/> No
Designee's name	Personal identification number (PIN)
Phone no	

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Daytime phone number
Your Signature <i>Ray Moses</i> Date	773-261-3369
Spouse's Signature (if a joint return, both must sign) Date	
Your occupation ASSISTANT	
Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		

Schedule C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2007

Attachment
Sequence No. 09Department of the Treasury
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

RAY MOSES

A Principal business or profession, including product or service (see instructions)

FRIENDSHIP

Social security number (SSN)
359-50-7687B Enter code from instr
999999

D Employer ID no. (EIN), if any

C Business name. If no separate business name, leave blank.

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code305 N PINE
CHICAGO IL 60644F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ☐

G Did you "materially participate" in the operation of this business during 2007? If "No," see instructions for limit on losses.

☒ Yes ☐ No

H If you started or acquired this business during 2007, check here.

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here.	1	24,375.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	24,375.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	24,375.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	24,375.

Part II Expenses. Enter expenses for business use of your home only on line 30

8	Advertising	8	500.	18	Office expense	18	1,954.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	3,911.
11	Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20b	
12	Depreciation	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	10,214.
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:	24a	5,512.
16	Interest:	16			a Travel	24b	1,750.
	a Mortgage (paid to banks, etc.)	16a		25	Deductible meals and entertainment (see instructions)	25	
	b Other	16b		26	Utilities	26	
17	Legal and professional services	17	500.	27	Wages (less employment credits)	27	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		27	Other expenses (from line 48 on page 2)	27	
29	Tentative profit (loss). Subtract line 28 from line 7	29	24,341.				
30	Expenses for business use of your home. Attach Form 8829	30	34.				
31	Net profit or (loss). Subtract line 30 from line 29	31	34.				

- If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see instructions) Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions)

- If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see instructions) Estates and trusts, enter on Form 1041, line 3
- If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☐ All investment is at risk
32b ☐ Some investment is not at risk

For Paperwork Reduction Act Notice, see instructions.

Schedule C (Form 1040) 2007

Form **1040A** U.S. Individual Income Tax Return **2007**

Department of the Treasury — Internal Revenue Service

IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)

**Use the
IRS label.**
Otherwise,
please print
or type.

**Presidential
Election
Campaign**

**Filing
status**

Check only
one box.

Exemptions

If more than six
dependents,
see instructions.

Income

Attach Form(s)
W-2 here. Also
attach Form(s)
1099-R if tax
was withheld.

If you did not
get a W-2,
see instructions.

Enclose, but
do not attach,
any payment.

**Adjusted
gross
income**

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Your first name and initial Rosie		Last name L Moses		OMB No. 1545-0074
If a joint return, spouse's first name and initial		Last name		Your social security number 587-48-1350
Home address (number and street). If you have a P.O. box, see instructions. 6940 South Green		Apartment no.		Spouse's social security number
City, town or post office. If you have a foreign address, see instructions. Chicago		State ZIP code IL 60621		▲ You must enter your SSN(s) above ▲
Checking a box below will not change your tax or refund				

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ► ☒ **You** ☐ **Spouse**

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here ►

4 ☒ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here ►

5 ☐ Qualifying widow(er) with dependent child (see instructions)

6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a

b ☐ **Spouse**

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)
Rashandra A Moses	354-86-9192	Daughter	<input checked="" type="checkbox"/>	1

d Total number of exemptions claimed Add numbers on lines above ► **2**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	30,367.
8a Taxable interest. Attach Schedule 1 if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule 1 if required	9a	
b Qualified dividends (see instructions)	9b	
10 Capital gain distributions (see instructions)	10	
11a IRA distributions	11a	
11b Taxable amount	11b	
12a Pensions and annuities	12a	
12b Taxable amount	12b	
13 Unemployment compensation and Alaska Permanent Fund dividends	13	
14a Social security benefits	14a	
14b Taxable amount	14b	
15 Add lines 7 through 14b (far right column). This is your total income	15	30,367.
16 Educator expenses (see instructions)	16	
17 IRA deduction (see instructions)	17	
18 Student loan interest deduction (see instructions)	18	
19 Tuition and fees deduction. Attach Form 8917	19	
20 Add lines 16 through 19. These are your total adjustments	20	
21 Subtract line 20 from line 15. This is your adjusted gross income	21	30,367.

Form **1040A** (2007)

Form 1040A (2007) Rosie L Moses

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587-48-1350 Page 2

Tax, credits, and payments**Standard Deduction for —**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of Household, \$7,850

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income)	22	30,367.
23a	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind Total boxes checked <input type="checkbox"/> 23a <input type="checkbox"/>		
	b If you are married filing separately and your spouse itemizes deductions, see instructions and check here	23b	<input type="checkbox"/>
24	Enter your standard deduction (see left margin)	24	7,850.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	22,517.
26	If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the instructions	26	6,800.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income	27	15,717.
28	Tax , including any alternative minimum tax (see instructions)	28	1,799.
29	Credit for child and dependent care expenses. Attach Schedule 2	29	
30	Credit for the elderly or the disabled. Attach Schedule 3	30	
31	Education credits. Attach Form 8863	31	
32	Child tax credit (see instructions). Attach Form 8901 if required	32	1,000.
33	Retirement savings contributions credit. Attach Form 8880	33	
34	Add lines 29 through 33. These are your total credits	34	1,000.
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-	35	799.
36	Advance earned income credit payments from Form(s) W-2, box 9	36	
37	Add lines 35 and 36. This is your total tax	37	799.
38	Federal income tax withheld from Forms W-2 and 1099	38	1,586.
39	2007 estimated tax payments and amount applied from 2006 return	39	
40a	Earned income credit (EIC)	40a	458.
	b Nontaxable combat pay election. 40b		
41	Additional child tax credit. Attach Form 8812	41	
42	Add lines 38, 39, 40a, and 41. These are your total payments	42	2,044.
43	If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you overpaid	43	1,245.
44a	Amount of line 43 you want refunded to you . If Form 8888 is attached, check here	44a	1,245.
	b Routing number 071001122 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 105110882		
45	Amount of line 43 you want applied to your 2008 estimated tax	45	
46	Amount you owe . Subtract line 42 from line 37. For details on how to pay, see instructions	46	
47	Estimated tax penalty (see instructions)	47	

Refund

Direct deposit? See instructions and fill in 44b, 44c, and 44d or Form 8888.

Amount you owe**Third party designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

Joint return? See instructions.

Keep a copy for your records.

Paid preparer's use only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

Self-Prepared

EIN
Phone no.

Case 09-00109
AUSTIN BANK OF CHICAGO
5645 W Lake St
Chicago, IL 60644

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Desc Main

Direct Deposit Advice

Check Date

September 19, 2008

Voucher Number

115452

DIRECT DEPOSIT VOUCHER	Direct Deposit	Type	Transit	Account	Amount
	AUSTIN BANK OF CHICA	C	071001122	*****0882	953.48
B0110-01-020-PERSB 200111 115452 16684					
Rosie L Moses					
305 N. Pine Ave.					
Apt 1N					
Chicago, IL 60644					
Total Direct Deposits					953.48

Non Negotiable - This is not a check - Non Negotiable

Rosie L Moses

AUSTIN BANK OF CHICAGO

Earnings Statement

Emp Id	200111		Fed Taxable Income		1,248.55		Check Date	September 19, 2008		Voucher Number	115452	
Location	01-020-PERSB		Fed Filing Status		M-2		Period Beginning	August 31, 2008		Net Pay	953.48	
			State Filing Status		M-2		Period Ending	September 13, 2008		Check Amount		
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount
HOL	17.0238	8.00	136.19	942.65	FITW	70.24	1,291.31	AUSTIN BANK	C	071001122	*****0882	953.48
INCEN			62.00	784.00	IL	32.72	610.47	OF CHICA				
OT	25.5357	0.62	15.83	289.78	MED	18.10	338.51					
REG	17.0238	71.11	1,210.56	22,691.44	SS	77.41	1,447.49					
Retro Pay				25.46								
SICK				400.56	401L	42.63	809.97					
VAC				1,348.55	401L2	50.00	100.00					
					401LP		302.88					
					GTL	3.97	74.23					
					HLTH	180.00	3,210.00					
					Salary Adv		1,100.00					
Total Direct Deposits												953.48
Benefit	Amount	YTD Amt	Accrual	Hours	Dollars							
No Benefits			SKPER	8.00								
			VAC15	10.00								

IMPORTANT: PLEASE READ

Gross Earnings	79.73	1,424.58	26,482.44	Totals	475.07	9,284.86
Taxable Earnings:		1,248.55				

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AUSTIN BANK OF CHICAGO
5645 W Lake St
Chicago, IL 60644

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Direct Deposit Advice

Check Date

September 5, 2008

Voucher Number

115363

Direct Deposit	Type	Transit	Account	Amount
DIRECT DEPOSIT VOUCHER	AUSTIN BANK	C 071001122	*****0882	970.88
	OF CHICA			
B0110 01-020-PERSB 200111 115363 16590				
Rosie L Moses				
305 N. Pine Ave.				
Apt 1N				
Chicago, IL 60644				
Total Direct Deposits				970.88

Non Negotiable - This is not a check - Non Negotiable

Rosie L Moses

AUSTIN BANK OF CHICAGO

Earnings Statement

Emp Id	200111		Fed Taxable Income		1,271.96		Check Date	September 5, 2008		Voucher Number	115363	
Location	01-020-PERSB		Fed Filing Status		M-2		Period Beginning	August 17, 2008		Net Pay	970.88	
			State Filing Status		M-2		Period Ending	August 30, 2008		Check Amount		
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount
HOL				806.46	FITW	73.76	1,221.07	AUSTIN BANK	C	071001122	*****0882	970.88
INCEN			90.00	722.00	IL	33.42	577.75	OF CHICA				
OT	25.5357	0.26	6.64	273.95	MED	18.44	320.41					
REG	17.0238	79.38	1,351.35	21,480.88	SS	78.86	1,370.08					
Retro Pay				25.46								
SICK				400.56	401L	42.63	767.34					
VAC				1,348.55	401L2	50.00	50.00					
					401LP		302.88					
					GTL	3.97	70.26					
					HLTH	180.00	3,030.00					
					Salary Adv		1,100.00					
Total Direct Deposits												970.88
					Benefit	Amount	YTD Amt				Accrual	Hours
												Dollars
					No Benefits						No Accruals	

IMPORTANT: PLEASE READ

Gross Earnings	79.64	1,447.99	25,057.86	Totals	481.08	8,809.79
Taxable Earnings:		1,271.96				

AUSTIN BANK OF CHICAGO
5645 W Lake St
Chicago, IL 60644

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Direct Deposit Advice

Desc Main

Check Date
October 3, 2008

Voucher Number
115539

Direct Deposit	Type	Transit	Account	Amount
DIRECT DEPOSIT VOUCHER	AUSTIN BANK OF CHICA	C 071001122	*****0882	697.09

B0110 01-020-PERSB 200111 115539 16781
Rosie L Moses
305 N. Pine Ave.
Apt 1N
Chicago, IL 60644

Total Direct Deposits 697.09
MP

Non Negotiable - This is not a check - Non Negotiable

Rosie L Moses

AUSTIN BANK OF CHICAGO

Earnings Statement

Emp Id	200111	Fed Taxable Income	1,173.11	Check Date	October 3, 2008	Voucher Number	115539					
Location	01-020-PERSB	Fed Filing Status	M-2	Period Beginning	September 14, 2008	Net Pay	697.09					
		State Filing Status	M-2	Period Ending	September 27, 2008	Check Amount						
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount
HOL				942.65	FITW	59.22	1,350.53	AUSTIN BANK	C	071001122	*****0882	697.09
INCEN				784.00	IL	30.46	640.93	OF CHICA				
OT				289.78	MED	17.01	355.52					
REG	17.0238	79.25	1,349.14	24,040.58	SS	72.73	1,520.22					
Retro Pay				25.46								
SICK				400.56	401L	42.63	852.60					
VAC				1,348.55	401L2	50.00	150.00					
					401LP		302.88					
					GTL	3.97	78.20					
					HLTH	180.00	3,390.00					
					Salary Adv	200.00	1,300.00					
Total Direct Deposits												697.09
Benefit	Amount	YTD Amt	Accrual	Avail	Used							
No Benefits			SKPER	8.00	28.00							
			VAC15	10.00	80.00							

IMPORTANT: PLEASE READ

Gross Earnings	79.25	1,349.14	27,831.58	Totals	656.02	9,940.88
Taxable Earnings:		1,173.11				

CPA

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AUSTIN BANK OF CHICAGO
5645 W. Lake St
Chicago, IL 60644

Direct Deposit Advice
Check Date October 17, 2008
Voucher Number 115626

Direct Deposit	Type	Transit	Account	Amount
DIRECT DEPOSIT VOUCHER	AUSTIN BANK OF CHICA	C 071001122	*****0882	815.10

B0110 01-020-PERSB 200111 115626 16879
Rosie L Moses
305 N. Pine Ave.
Apt 1N
Chicago, IL 60644

Total Direct Deposits 815.10

Non Negotiable - This is not a check - Non Negotiable

Rosie L Moses

AUSTIN BANK OF CHICAGO

Earnings Statement

Emp Id	200111	Fed Taxable Income	1,331.45	Check Date	October 17, 2008	Voucher Number	115626					
Location	01-020-PERSB	Fed Filing Status	M-2	Period Beginning	September 28, 2008	Net Pay	815.10					
		State Filing Status	M-2	Period Ending	October 11, 2008	Check Amount						
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount
HOL				942.65	FITW	82.68	1,433.21	AUSTIN BANK	C	071001122	*****0882	815.10
INCEN			94.00	878.00	IL	35.21	676.14	OF CHICA				
OT	25.5357	2.10	53.62	343.40	MED	19.31	374.83					
REG	17.0238	79.88	1,359.86	25,400.44	SS	82.55	1,602.77					
Retro Pay				25.46								
SICK				400.56	401L	42.63	895.23					
VAC				1,348.55	401L2	50.00	200.00					
					401LP		302.88					
					GTL	3.97	82.17					
					HLTH	180.00	3,570.00					
					Salary Adv	200.00	1,500.00					
Total Direct Deposits												815.10
Benefit	Amount	YTD Amt	Accrual	Avail	Used							
No Benefits			SKPER	8.00	28.00							
			VAC15	10.00	80.00							

IMPORTANT: PLEASE READ

Gross Earnings	81.98	1,507.48	29,339.06	Totals	696.35	10,637.23
Taxable Earnings:		1,331.45				

Rosie L Moses

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AUSTIN BANK OF CHICAGO

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Desc Main

Emp Id	200111	Fed Taxable Income	1,154.82	Check Date	October 31, 2008	Check Number	2933471
Location	01-020-PERSB	Fed Filing Status	M-2	Period Beginning	October 26, 2008	Net Pay	882.63
		State Filing Status	M-2	Period Ending	November 8, 2008	Check Amount	882.63

Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount	
HOL				1,078.84	FITW	57.40	1,582.49	No Direct Deposits					
INCEN				878.00	IL	29.91	743.10						
OT				343.40	MED	16.75	411.78						
REG	17.0238	78.18	1,330.92	27,983.97	SS	71.60	1,760.72						
Retro Pay				25.46									
SICK				400.56	401L	42.63	980.49						
VAC				1,348.55	401L2	50.00	300.00						
					401LP		302.88						
					GTL	3.97	90.11	Benefit	Amount	YTD Amt	Accrual	Avail	Used
					HLTH	180.00	3,750.00	No Benefits			SKPER	12.00	28.00
					Salary Adv		1,500.00				VAC15	20.00	80.00

IMPORTANT: PLEASE READ

Gross Earnings	78.18	1,330.92	32,058.78	Totals	452.26	11,421.57
Taxable Earnings:		1,154.89				

Rosie L Moses

AUSTIN BANK OF CHICAGO

Earnings Statement

Emp Id	200111	Fed Taxable Income	1,392.77	Check Date	October 31, 2008	Check Number	2913946
Location	01-020-PERSB	Fed Filing Status	M-2	Period Beginning	October 12, 2008	Net Pay	1,060.69
		State Filing Status	M-2	Period Ending	October 25, 2008	Check Amount	1,060.69

Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount	
HOL	17.0238	8.00	136.19	1,078.84	FITW	91.88	1,525.09	No Direct Deposits					
INCEN				878.00	IL	37.05	713.19						
OT				343.40	MED	20.20	395.03						
REG	17.0238	73.58	1,252.61	26,653.05	SS	86.35	1,689.12						
Retro Pay				25.46									
SICK				400.56	401L	42.63	937.86						
VAC				1,348.55	401L2	50.00	250.00						
					401LP		302.88						
					GTL	3.97	86.14	Benefit	Amount	YTD Amt	Accrual	Avail	Used
					HLTH		3,570.00	No Benefits			SKPER	12.00	28.00
					Salary Adv		1,500.00				VAC15	20.00	80.00

IMPORTANT: PLEASE READ

Gross Earnings	81.58	1,388.80	30,727.86	Totals	332.08	10,969.31
Taxable Earnings:		1,392.77				

out
3

Rosie L Moses

AUSTIN BANK OF CHICAGO

Earnings Statement

Emp Id	200111		Fed Taxable Income		1,194.30		Check Date	December 12, 2008		Check Number	2990273		
Location	01-020-PERSB		Fed Filing Status		M-2		Period Beginning	November 23, 2008		Net Pay	913.13		
			State Filing Status		M-2		Period Ending	December 6, 2008		Check Amount	913.13		
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount	
HOL	17.0238	8.00	136.19	1,351.22	FITW	62.11	1,713.26	No Direct Deposits					
INCEN				956.00	IL	31.09	806.60						
OT	25.5357	0.33	8.43	351.83	MED	17.32	447.05						
REG	17.0238	40.00	680.95	29,864.76	SS	74.05	1,911.53						
Retro Pay				25.46									
SICK				400.56	401L	42.63	1,065.75						
VAC	17.0238	32.00	544.76	1,893.31	401L2	50.00	400.00						
					401LP		302.88						
					GTL	3.97	98.05	Benefit	Amount	YTD Amt	Accrual	Avail	Used
					HLTH	180.00	4,110.00	No Benefits			SKPER	16.00	28.00
					Salary Adv		1,500.00				VAC15	-2.00	112.00

IMPORTANT: PLEASE READ

Gross Earnings	80.33	1,370.33	34,843.14	Totals	461.17	12,355.12
Taxable Earnings:		1,194.30				

Rosie L Moses

AUSTIN BANK OF CHICAGO

Earnings Statement

AUSTIN BANK OF CHICAGO										Earnings Statement				
Emp Id Location	200111 01-020-PERSB		Fed Taxable Income Fed Filing Status State Filing Status		1,238.00 M-2 M-2		Check Date Period Beginning Period Ending		November 28, 2008 November 9, 2008 November 22, 2008		Check Number Net Pay Check Amount		2966623 945.62 945.62	
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt							
HOL	17.0238	8.00	136.19	1,215.03	FITW	68.66	1,651.15	Direct Deposit	Type	Transit	Account	Amount		
INCEN			78.00	956.00	IL	32.41	775.51	No Direct Deposits						
OT				343.40	MED	17.95	429.73							
REG	17.0238	70.48	1,199.84	29,183.81	SS	76.76	1,837.48							
Retro Pay				25.46										
SICK				400.56	401L	42.63	1,023.12							
VAC				1,348.55	401L2	50.00	350.00							
					401LP		302.88							
					GTL	3.97	94.08	Benefit	Amount	YTD Amt	Accrual	Avail	Used	
					HLTH	180.00	3,930.00	No Benefits			SKPER	16.00	28.00	
					Salary Adv		1,500.00				VAC15	30.00	80.00	

IMPORTANT: PLEASE READ

Gross Earnings	78.48	1,414.03	33,472.81	Totals	472.38	11,893.95
Taxable Earnings:		1,238.00				

Rosie L Moses

AUSTIN BANK OF CHICAGO

Earnings Statement

Emp Id Location	200111 01-020-PERSB		Fed Taxable Income Fed Filing Status State Filing Status		1,392.77 M-2 M-2		Check Date Period Beginning Period Ending		October 31, 2008 October 12, 2008 October 25, 2008		Check Number Net Pay Check Amount		2913946 1,060.69 1,060.69	
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount		
HOL	17.0238	8.00	136.19	1,078.84	FITW	91.88	1,525.09	No Direct Deposits						
INCEN				878.00	IL	37.05	713.19							
OT				343.40	MED	20.20	395.03							
REG	17.0238	73.58	1,252.61	26,653.05	SS	86.35	1,689.12							
Retro Pay				25.46										
SICK				400.56	401L	42.63	937.86							
VAC				1,348.55	401L2	50.00	250.00							
					401LP		302.88							
					GTL	3.97	86.14	Benefit	Amount	YTD Amt	Accrual	Avail	Used	
					HLTH		3,570.00	No Benefits			SKPER	12.00	28.00	
					Salary Adv		1,500.00				VAC15	20.00	80.00	
IMPORTANT: PLEASE READ														
Gross Earnings	81.58		1,388.80	30,727.86	Totals	332.08	10,969.31							
Taxable Earnings:			1,392.77											

IMPORTANT: PLEASE READ

THE FACE OF THIS CHECK HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK A UNIQUE CHECK IDENTITY BAR CODE AND A WATERMARK - HOLD AT AN ANGLE TO VIEW.

AUSTIN BANK OF CHICAGO
5645 W Lake St
Chicago, IL 60644

Direct Deposit Advice
Check Date: October 17, 2008
Voucher Number: 115626

DIRECT DEPOSIT VOUCHER

Direct Deposit	Type	Transit	Account	Amount
AUSTIN BANK OF CHICA	C	071001122	*****0882	815.10

B0110 01-020-PERSB 200111 115626 16879
Rosie L Moses
305 N. Pine Ave.
Apt 1N
Chicago, IL 60644

Total Direct Deposits **815.10**

Non Negotiable - This is not a check - Non Negotiable

Rosie L Moses

200111 01-020-PERSB				AUSTIN BANK OF CHICAGO				Earnings Statement			
Emp Id	Location	Fed Taxable Income	Fed Filing Status	State Filing Status	1,331.45	Check Date	Period Beginning	Period Ending	October 17, 2008	September 28, 2008	October 11, 2008
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account
HOL				942.65	FITW	82.68	1,433.21	AUSTIN BANK	C	071001122	*****0882
INCEN			94.00	878.00	IL	35.21	676.14	OF CHICA			815.10
OT	25.5357	2.10	53.62	343.40	MED	19.31	374.83				
REG	17.0238	79.88	1,359.86	25,400.44	SS	82.55	1,602.77				
Retro Pay				25.46							
SICK				400.56	401L	42.63	895.23				
VAC				1,348.55	401L2	50.00	200.00				
					401LP		302.88				
					GTL	3.97	82.17				
					HLTH	180.00	3,570.00				
					Salary Adv	200.00	1,500.00				
					Total Direct Deposits						815.10
					Benefit	Amount	YTD Amt	Accrual	Avail	Used	
					No Benefits			SKPER	8.00	28.00	
								VAC15	10.00	80.00	
Gross Earnings				81.98	1,507.48	29,339.06	Totals	696.35	10,637.23		
Taxable Earnings:					1,331.45						

IMPORTANT: PLEASE READ

Certificate Number: 00437-ILN-CC-005512807

CERTIFICATE OF COUNSELING

I CERTIFY that on November 26, 2008, at 3:04 o'clock PM MST,

Ray Moses received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: November 26, 2008

By /s/Juliana Tomek

Name Juliana Tomek

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00437-ILN-CC-005512806

CERTIFICATE OF COUNSELING

I CERTIFY that on November 26, 2008, at 3:04 o'clock PM MST,

Rosie Moses received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: November 26, 2008

By /s/Juliana Tomek

Name Juliana Tomek

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Moses, Ray A & Moses, Rosie

Debtor(s)

Chapter 7**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet**PART I - DECLARATION OF PETITIONER**Date: December 2, 2008

A. To be completed in all cases.

I(We) Ray A Moses and Rosie Moses, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

Ray Anthony Moses
(Debtor or Corporate Officer, Partner or Member)

Signature: _____

[Signature]
(Joint Debtor)